



State of Washington
Department of Revenue
Special Programs Division
PO Box 47477
Olympia, Washington 98504-7477

Washington State Cigarette Distributor's Report of Exempt Tax Stamps and Sales

(Attach Supporting Schedule C to This Form)

Distributor: _____ Distributor No.: _____

Registration No.: _____ Period: _____ to _____

Line No.	Reconciliation (use pack figures)	Line No.	No. of Stamps (Pkg's)
1	Beginning inventory of exempt tax stamps	1	
2	Exempt stamps received this period	2	+
3	Stale cigarettes with exempt stamps returned to manufacturer	3	-
4	Ending physical inventory of exempt tax stamps	4	-
5	Tax exempt stamped distributions this period	5	=
6	Tax exempt stamped distributions reported on Schedule C	6	-
7	Difference	7	=
	Stamping Allowance (stamps affixed)		
8	Number of tax exempt distributed stamps this period	8	
9	Rate of stamping allowance	9	X \$ 0.006
10	Stamping allowance to be paid this period	10	= \$

NOTE: This Report Must Be Signed

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, including accompanying schedules and statements.

Signature _____

Phone _____

Name and Title (Please Print) _____

For tax assistance, visit <http://dor.wa.gov> or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users may call (800) 451-7985.